

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number  
or Bar Code Label  OR  Correspondence address below

Name *Lou F. Del Nin*

Address *40 Sheppard Avenue West - Suite #720*

City <i>Toronto</i>	State <i>Ontario</i>	ZIP <i>M2N 6K9</i>
Country <i>Canada</i>	Telephone <i>(416) 590-1900 x 222</i>	Fax <i>(416) 590-1600</i>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**  A petition has been filed for this unsigned inventor

Given Name <i>Lou F.</i> (first and middle [if any])	Family Name <i>Del Nin</i> or Surname
---	--

Inventor's Signature <i>Lou F. Del Nin</i>	Date <i>August 7, 2001</i>
--	----------------------------

Residence: City <i>Toronto</i>	State <i>Ontario</i>	Country <i>Canada</i>	Citizenship <i>Canadian</i>
--------------------------------	----------------------	-----------------------	-----------------------------

Mailing Address *40 Sheppard Avenue West, Suite #720*

City <i>Toronto</i>	State <i>Ontario</i>	ZIP <i>M2N 6K9</i>	Country <i>Canada</i>
---------------------	----------------------	--------------------	-----------------------

**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
---	---------------------------

Inventor's Signature	Date
----------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address

City	State	ZIP	Country
------	-------	-----	---------

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.